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ABSTRACT

The intent of this manual is to present health and safety standards and procedures for the special environment of cooperative preschools, where both teacher-supervisors and parents are present and responsible for the well-being of the children. After a brief discussion about meeting environmental standards, child health is investigated in terms of general consideratons, immunization, exceptional children, consultants, allergies and medications, and unusual circumstances. Child illness is subsequently discussed in terms of general considerations, communicable diseases, and recuperation. Health and illness of teacher-supervisors and parents are also discussed. Concluding the discussion of health are sections on exposure of children to good health habits; pets in the classroom; and parent education. Safety is considered in terms of principles, legal responsibilities, insurance coverage, and, extensively, safety standards. Standards concern supervision; conduct of children; indoor and outdoor facilities; equipment and its use; clothing; food; harmful supplies; pets; transporting children; parking lots; accidents; fire; civil defense; and parent education. Appendices provide a guide to constructing a first aid kit; a list of recommended texts on basic first aid; and a reprint of an article concerning preparation for accidental injuries. (RH)

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WHAT IS A CO-OPERATIVE PRESCHOOL?

A co-operative preschool is formed by a group of parents who organize to provide their children with a quality preschool experience. The preschool is administered and maintained by the parents on a non-profit, non-sectarian basis. Under the guidance of a qualified teacher, the parents also assist in the classroom and participate in all aspects of the children's activities. The parent education program carried on throughout the year is an original feature of the co-operative preschool. The efforts of parents and their direct involvement during the school day make co-ops a unique experience.

WHAT IS P.C.P.I.?

PARENT CO-OPERATIVE PRESCHOOLS INTERNATIONAL is an international council dedicated to the family and the community. It is non-profit and non-sectarian, with membership open to councils, schools and individuals who are willing to uphold its purposes, which are:

— To strengthen and expand the parent co-operative movement and community appreciation of parent education for adults and preschool education for children.

— To promote desirable standards for the program, practices and conditions in parent co-operative programs and encourage continuing education for parents, teachers and directors.

— To promote interchange of information and help among parent co-operative nursery schools, kindergartens and other parent sponsored preschool programs.

— To co-operate with family living, adult education and early childhood educational organizations in the interest of more effective service relationships with parents of young children.

— To study and promote legislation designed to further the health and well being of children and families.

P.C.P.I., like the co-op schools which form its membership, ultimately depends on the dedication and resourcefulness of people in many areas who give freely of their time and energy so that teaching and learning become shared experiences.

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INTRODUCTION

The intent of this manual is to present health and safety standards and procedures for the special environment of cooperative preschools, where both teachers/supervisors and parents are present and responsible for the well-being of the children.

While every effort has been made to encompass regional differences in the text, preschool administrators must contact local authorities to determine specific legislation and regulations affecting the operation of preschools in their area.

The guidance, assistance and support of fellow PCPI members Beth Stephenson, Barbara Cantor, Dorothy Bartalos and Ania Meyer in the preparation of this manuscript is gratefully acknowledged by the author.

Heather Smith Siska
Victoria, B.C., Canada
February 26, 1981

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HEALTH

ENVIRONMENT

Member groups of Parent Cooperative Preschools International endeavour to provide settings conducive to the physical, emotional and mental well-being of preschool children.

This includes meeting and, in some cases, surpassing the regulations established by local, provincial or state licensing boards regarding both indoor and outdoor space, provision of sufficient numbers of appropriate-sized furnishings, high standards of cleanliness, adequate sanitary facilities and drinking water supply, well-maintained equipment, etc., as well as harmonious colour planning, the provision of comfortable lighting, and other such important physical considerations.

Concern for the emotional health of the children is expressed through adequate timing of the program to prevent the need for constant hurrying, sufficient planning to eliminate the need for constant restrictions and too many rules, and provision of sufficient supervision to enable consideration to be given to individual needs and interests.

THE CHILD: HEALTH

General

The first responsibility to the child enrolling in the preschool is to verify that he/she is physically capable of regular attendance and full participation in the program. It is therefore recommended that a pre-admission examination be required for every child as part of enrollment policy.

RATIONALE: As an integral part of post-natal care, children are usually taken to their local clinic or family doctor regularly and often. But when immunization is up-to-date and the child's health is good, there is often a lengthy gap until the required pre-kindergarten physical, unless parents make a special point of annual check-ups. Thus, a child entering preschool at age three may not have been seen by a doctor or nurse since his/her last immunization at approximately fifteen months of age. It is during this important growing time that health problems may develop about which the parents are unaware. Discovery of any existing difficulties before the child begins preschool may prevent further complicaitons and enable him/her to have a more beneficial and satisfying preschool experience.

Immunization

For their own protection and the protection of others, it is recommended -- and in some areas required -- that all children be fully immunized prior to enrollment, unless medical problems make this impossible.

With many mothers assisting in the classroom throughout their pregnancies, immunization of children for Rubella is of special concern.

Exceptional Children

The "exceptional child" (i.e. handicapped and/or with other special needs) presents a singular situation. Each school determines its own policy in this regard, but the approach most likely to succeed involves all staff and parents in the decision-making:

- If an exceptional child applies for admission, the executive of the school first refers the matter to the teacher/supervisor who assesses her feelings about her ability to deal with the presenting problems within the physical set-up of the school and the context of the cooperative preschool program.

- If she feel comfortable in this regard, the matter is then referred to the membership who need to be aware that the teacher/supervisor will be spending more time with this special child. The decision regarding admission can provide the best opportunity for the success of the undertaking when made with the understanding and consent of all.

Consultants

Periodic visits by a Health Consultant, Public Health Nurse, Physician or other qualified person are recommended for the purposes of:

- testing children's eyesight, hearing, etc.
- consulting with the teacher/supervisor regarding concerns about individual children
- providing couselling for parents of children with handicaps and/or learning disabilities
- initiating referrals to appropriate community resources for children with special needs

RATIONALE: The earlier difficulties are discovered, the earlier treatment can begin, and the greater the opportunity given to

parents and teacher/supervisors to deal with the situation positively and effectively.

Allergies/Medications

Information regarding children's allergies and/or medications about which all parents assisting in the classroom should be aware is posted and brought to their attention.

Additional medical information which may be required in special circumstances is kept by the teacher/supervisor in a special book or card file in which is also listed the name of each child's doctor and other pertinent information. (See SAFETY section, Accidents, Emergency Records, page 19.)

This book is brought to the particular attention of parents or teachers substituting in the classroom during a regular teacher/supervisor's absence, but it is not for general access.

If a child requires medication (prescription or non-prescription) on either a regular or emergency basis, arrangements are made by the parents according to individual school policy. If there are no regulations to the contrary, the parents discuss the situation with the teacher/supervisor, and if she agrees, such medication may be administered by her if both she and the school are provided with:

- written authorization from the parents, and
- written instructions from the child's family doctor or specialist

If the medication provided is by prescription, the school and the teacher/supervisor ensure that it is in a container officially labeled by the pharmacist, with the child's name and the pertinent data clearly visible. The container must be kept in a locked box inaccessible to the children.

If the medication is of the non-prescriptive variety, the school and the teacher/supervisor ensure that what is provided has been newly purchased, is dated, in its original container, preferably with an unbroken seal. The container is kept in a locked box, inaccessible to the children.

NO MEDICATIONS ARE GIVEN TO CHILDREN ON THE INITIATIVE OF THE TEACHER/SUPERVISOR OR ASSISTANTS.

Where the administering of medications is prohibited by school policy or government regulations, parents may make alternative arrangements. A parent or surrogate may come to

the school to attend to the child, or the child may be taken to a health centre or doctor's office.

If someone other than the parent will be administering medication, the child is told in advance who that person will be so that he/she will know whom to expect.

Unusual Circumstances

When unusual circumstances are being experienced in the home (e.g. a death in the family, visiting relatives, one parent away, etc.) that may cause stress and affect a child's emotional well-being and behavior, the parents notify the teacher/supervisor so that she may exercise special care and consideration while the child is at school.

THE CHILD: ILLNESSES

General

If a child appears to be ill, he/she is kept at home.

If a child becomes ill at school, the following procedures are followed:

- the child is isolated from the rest of the class in a special area reserved for such situations, where he/she may lie down and rest, under supervision
- the parent is called, and if unable to pick up the child, transportation may be provided by one of the parent assistants
- if the child is ill and neither parent or other authorized person (according to names given on Emergency Record forms) can be reached, the family doctor is called
- in the event of a more serious illness or injury, child and teacher/supervisor are driven to the nearest hostpial by a parent assistant, or by ambulance if circumstances warrant.

SEE ALSO: SAFETY, Accidents, Emergency Records, page 19.

Communicable Diseases

When a child contracts a communicable disease, the parents immediately notify the teacher/supervisor (and in some schools, the Health Chairperson) and she in turn informs the rest of the parents in the school so that they may be alerted regarding possible symptoms in their own child.

In some instances, it may be helpful for the teacher/supervisor to consult with the Public Health Service regarding recommended medical procedures to lessen the chance of contagion within the school.

When a child is exposed to someone having a communicable disease, the parents notify the teacher/supervisor and a mutual decision is made regarding the advisability of the child attending school during the incubation period.

Recuperation

Children do not return to school after an illness until they have fully recuperated and are able to participate in all activities of a normal school day.

THE TEACHER/SUPERVISOR AND PARENTS: HEALTH

Teachers/Supervisors and Assistants

Prior to employment, teachers/supervisors establish that they are in good health and have had a recent tuberculosis (TB) test.

- It is recommended that the teacher/supervisor provide a physician's letter annually, at the time of contract renewal.
- Where TB tests are not an integral part of annual physical examinations, they must be repeated periodically, as prescribed by the local Health Department (or other) regulations.
- It is recommended that teacher/supervisors maintain up-to-date immunizations.

Parent-Assistants and Alternates

Parents as well as teachers/supervisors must comply with local regulations regarding health and TB tests.

- In general, it is expected that all parents must have a TB test prior to assisting in the classroom, and that testing is repeated periodically, as required.

  Their card is brought to the school at the time of registration and a record is kept of the date of the test and/or the number of the x-ray (if any).

  If a child is enrolled late, the parent(s) may arrange for a replacement on their participation days until

such time as their TB test results are received.

- All parents assisting in the classroom are also urged to have annual medical examinations, and to update their immunizations.

RATIONALE: Adults, like children, may have or be carriers of some illness of which they are unaware. They may also be exposed to more communicable diseases than usual while assisting in the classroom. Having regular check-ups and keeping their immunization up-to-date will protect them as well as the children and other adults with whom they participate.

THE TEACHER/SUPERVISOR AND PARENT ASSISTANTS: ILLNESSES

To control the spread of colds and infectious diseases, both teacher/supervisors and parent assistants arrange for subsitutes when needed. Adults do not participate in the classroom when ill, or when experiencing symptoms of oncoming illness.

CHILDREN'S PROGRAM

Exposure to Good Health Habits

Group cups and group towels are not used. Where paper products are not supplied, each child brings or is provided with an individual cup and towel for his/her use.

Children are encouraged to:

- wash hands before snack and after playing outdoors, toiletting and/or handling animals
- use tissues when necessary and cover their mouths when coughing or sneezing
- bring healthy, nourishing foods for snack-time
- participate in outdoor play every day unless the weather is severe

No smoking is allowed during cooperative preschool programs when children are present -- i.e. in classrooms, on playgrounds or on field trips.

Pets in the Classroom

To maintain health standards:

- Animal cages are cleaned regularly and frequently
- Care is taken in disposal of wastes

PARENT EDUCATION

Schools have available within their Parent Education libraries folders, pamphlets and books dealing with the whole spectrum of the subject of health. This includes growth and development, behaviour, physical education, nutrition and immunization, as well as information regarding physical and/or learning disabilities which may be encountered as parents or as assistants in the classroom.

The Public Health Department, government and private agencies and other community resources for children may be utilized from time-to-time as needs arise.

Especially important are contacts with community professionals with whom parents and teachers may consult regarding physical or emotional problems experienced by a child. Every effort is made to assist parents in finding appropriate help when needed.

SAFETY

PRINCIPLES

Basic to the cooperative preschool program is the initial concern for the health and safety of the child. Problems are minimized by the use of the following principles as a guide:

- Anticipation - Possible hazards are anticipated and the necessary precautionary and preventive measures are taken.

- Supervision - Responsible and adequate supervision is the most important factor in the prevention of accidental injury.

- Prohibition - By being offered guidelines, including prohibitive rules, children are taught some principles of self-protection. All rules are explained in simple, precise language. These rules are only effective inso far as children are helped to understand correct and incorrect actions.

- Space - Adequate space is provided for each activity so that overcrowding will not cause a hazard.

- Time - Plenty of time is allowed within the program so that accidents are not caused by hurrying.

- Understanding - These principles are tempered with an understanding of the needs of children. Children should not be inhibited in their natural tendencies to explore, to climb, to build vertically, to jump, to seek adventure. They are naturally full of curiosity and frequently act on impulse. Thus, the school environment is prepared in such a way that safety restrictions are minimal,and therefore more easily emphasized.

- Trust - Understanding is accompanied by a strong sense of trust in children and faith in their abilities to recognize that trust and to respond to it in a positive manner by more readily reacting to required safety precautions. Trust does not imply, however, expectations that children will have the ability to judge for themselves the safeness of their actions. Such judgement will come only through a combination of responsible and helpful supervision coupled with children's growing maturity.

LEGAL RESPONSIBILITY

In consultation with a lawyer, schools determine the areas of legal responsibility relevant to their operation. In general,

- Teachers/supervisors are not responsible for children on their way to and from school.
- Teachers/supervisors are responsible for children enrolled in their classes when they are involved in school programs.

If a child is left at school after class, the teacher/supervisor remains responsible for him/her until the parent or an alternate authorized by the parent can resume responsibility. The teacher/supervisor does not transport a child left at school to his/her home.

INSURANCE COVERAGE

Liability

- Accidents, General

  For the protection of staff, parents and children, liability insurance is not only advisable, but in many areas, mandatory.

  This may be arranged by individual schools, or by a Council on their behalf.*

- Accidents, Driving

  1. Parents driving for school excursions/car pools check with their insurance agent to determine the amount of third-party liability coverage adequate for transporting varying numbers of children in these special circumstances.

  2. In some areas, teachers/supervisors do not drive children on school outings for liability reasons.

     Special licensing regulations exist in many areas for drivers receiving remuneration (including

*Low cost accident insurance is available to Canadian and American PCPI group members. Direct Group membership is mandatory.

teachers/supervisors and/or other staff who transport children while on duty).

Liability coverage under these circumstances often differs from that for drivers who are not being remunerated. Each school and/or staff person arranges for insurance to cover their individual situation.

Other

Fire and theft policies may also be held.

In some cases, schools renting space in various community facilities may be covered by the policies of those facilities. Others will need to seek individual insurance, if desired.

SAFETY STANDARDS

Emergency phone numbers for fire, police, ambulance, poison information and medical aid in the area in which the school is located are prominently posted adjacent to all phones used by cooperative preschools.

Supervision

- Children participating in cooperative preschool programs are under supervision at all times. No child is left unattended either within or without the classroom.
- Special care is taken to ensure that the teacher/supervisor or parent assistant(s) gives his/her undivided attention to the supervision of large-muscle equipment such as climbing apparatus and trampoline when they are in use.
- Extra vigilance and at times, extra parent assistants may be needed during cooking projects, excursions to the beach and areas where climbing over unusual terrain may be involved, or to settings where machinery and equipment may be in use, etc. When using escalators, it is advisable to have supervising adults stationed at both top and bottom.

Conduct of Children

- Children do not run in classroom areas.
- Children are familiar with the safe use of carpentry

tools and sandbox toys, taking care to keep shovels and hammers below shoulder level when in use. They are encouraged to carry tools and equipment in a manner that is safe for themselves and others. Carpentry tools are used only in designated areas, and for proper purposes.

- Both spontaneous and planned discussions about safety are included in the children's program to increase their awareness of potential hazards, and to acquaint them with ways to minimize accidents.

Facilities

- Indoor

1. Cooperative preschool accomodations meet all government requirements regarding floor space, table space, lighting, number of toilets, etc., at the time of licensing, and these standards are up-dated in accordance with changes to Regulations whenever feasible within the limits of the buildings in which the schools are housed.

2. Rooms are well-lit at all levels. Table and floor lamps are prohibited by government regulations in some areas. Where permitted, and if used, they are safely secured and checked regularly.

3. Furniture is kept in good repair.

4. Stairs are covered with a skid-proof material, and handrails are provided.

5. Electrical outlets which are accessible to children are kept covered when not in use.

6. Periodic checks are made of windows and doors to ensure that they open freely and without effort in the event of an emergency.

7. Lighting fixtures which are located in rooms used for large muscle activities where children have access to balls, bean bags, etc., are protected by a cover to prevent bulbs from shattering upon impact.

8. Classroom and bathroom floors are kept free of water, sand and/or other materials (including loose rugs) which may cause a child to slip and fall.

9. Where the floor is concrete, adequate protection for the children is provided appropriate to the activity.

10. Carpentry areas are well-checked for nails and/or boards with protruding nails, which may be left on the ground.

11. As a matter of routine, furniture and equipment are checked regularly for burrs, splinters or protruding nails, and loose nuts and bolts which may result from everyday use.

12. Where possible, bathroom locks are easily opened from either side.

13. If standard basins and toilets are used, children are provided with low, sturdy stools that help them have comfortable access to the facilities including towel racks or dispensers.

14. Thermostats on water heaters are kept sufficiently low so as to avoid any danger from scalding tap water.

- Outdoor

1. Outdoor areas are checked regularly for broken glass and other hazards which may cause children to be injured during play.

2. Outdoor areas are checked for and kept free of poisonous plants and berries.

3. Playground areas adjacent to roads, driveways and other traffic areas are fenced whenever possible. In playgrounds without fencing, extra care is taken with regard to activities involving balls.

4. During icy weather, sand and/or salt is used where needed to lessen the danger of falls.

5. Pools of all kinds meet local regulations regarding fencing, chlorine, proximity of electrical wires, etc.

Equipment

- General

1. All equipment built and/or purchased for cooperative preschools is well-constructed, well-sanded and of good quality materials for maximum durability and increased safety.

2. Climbing equipment is sturdy and has a low center of gravity.

3. Tricycles and other riding toys are chosen with concern for stability and solid manufacture. They are kept oiled and in good repair.

4. Care is taken to ensure that all paint used in classrooms and on equipment including in supplies such as felt pens, is of a non-toxic variety, and is lead-free.

5. Plastics which shatter dangerously -- like polystyrene -- are not used.

6. Equipment in need of repair is immediately removed from use. Repairs are carried out with the same concern for quality and safety as was felt at the time of purchase/construction.

7. Carpentry tools for the use of the children are carefully selected of heavy-duty quality to prevent unnecessary accidents.

   RATIONALE: Many carpentry tools, while light and therefore seemingly better-suited to preschoolers, are, in fact dangerous, in that some inexpensive, small hammers splinter and shatter if hit on a rock, for example -- warnings about this can sometimes be found on handles -- or the hammer head may become disengaged from the handle and fly off when in use.

8. All electrical equipment is kept in good repair, with cords and plugs checked as a matter of routine.

- Use of equipment

1. Preschools having large muscle equipment such as climbing apparatus and trampoline, also provide standard gym/tumbling safety mats or equivalent protection, to surround the equipment when used indoors or on hard surfaces outdoors.

   NOTE: As foam compresses too easily, it does not offer sufficient protection. Where the purchase of standard gym mats is not possible for financial reasons, used springless mattresses are recommended as an alternative.

2. Children are not permitted to use large muscle equipment or to handle electrical appliances when not in the company of an adult, and are acquainted with the importance of good safety habits during play, including the carrying of tools and use of shovels.

Clothing

- Parents are encouraged to send their children to school in clothing which will not interfere with their safetv during play
- To avoid falls and entanglement, dress-up clothes such as high heels and long skirts are not worn on staircases or while playing on equipment.
- To avoid falls caused by slipping in stockinged-feet, children wear shoes or non-skid slippers in the classroom and activity room.
- Prior to leaving on excursions where escalators will be used, a check is made of children's clothing to ensure that nothing 'catchable' is hanging free, and that all shoelaces are securely tied.

Food

- Foods such as peanuts or other nuts which may be harmful to young children are not served. Parents are made aware of the dangers involved and are encouraged not to send such items to school.
- The children's card file is checked to verify any allergies prior to serving special foods at snack time or during cooking experiences.
- Potentially dangerous containers, such as glass-lined thermoses, are not used at preschool.

Harmful Supplies

Storage for harmful supplies such as cleaning agents and pet needs is provided out of reach of children in an enclosed, locked cupboard.

Whenever possible, harmful supplies are kept in child-proof containers.

Pets

Children are taught the proper handling of pets. Visiting animals -- who may be unused to groups of children -- are handled with special care, under adult supervision.

Transporting Children

- General

1. Parents driving for school excursions/car pools have cars in good repair, are in possession of an up-to-date driver's license and vehicle sticker (where applicable), and have sufficient insurance coverage for transporting children under these special circumstances.

   NOTE: Drivers check individually with their insurance agent to attend to necessary details regarding their particular policy, and to determine the amount of third-party liability coverage currently considered sufficient for private, non-profit car pool driving.

   SEE ALSO: Insurance Coverage, page 9.

2. In some areas, teachers/supervisors do not drive for liability reasons.

   SEE ALSO: Insurance Coverage, page 9.

3. A driver hired by a school to transport children is approved and licensed according to local regulations. Such a driver has his/her insurance policy endorsed to grant permission to carry passengers for compensation, and -- where required by law -- has a current School Bus Endorsement.

4. Persons taking medication or experiencing and problems which may interfere with ability and concentration, do not drive.

5. Cars used to transport children are kept free of debris which may become flying objects in the event of a sudden stop. Special attention is paid to the back window ledge, which is not used for storage of any kind during excursions/car pooling.

6. Vehicles carry only the number of children who can be comfortably and properly seated, in rear seats only. The children conduct themselves in such a fashion that the rear-view vision of the driver is not impaired.

7. For safety and liability reasons, children seated in the backs of vans or station wagons is not recommended.

8. If seatbelts are worn, they are properly adjusted with only one child per seatbelt.

   NOTE: In some areas, seatbelts are mandatory for drivers and passengers.

9. Prior to departure, drivers ensure that car doors are locked, and seatbelts fastened, if used.

10. Children are aware that their good conduct during car travel contributes to their safety and that of others.

11. Children are not left unattended in a vehicle at any time.

12. If there is disruption in the car, if possible, the driver pulls to the side of the road to settle the problem and does not attempt to do so while driving.

- School Excursions

1. Parents are notified of all excursions.

   RATIONALE: Notification enables parents to exercise the right to keep their child at home if they do not wish him/her to participate in a field trip.

   In some schools, a Field Trip Consent Form (permission waiver) is used -- either a blanket form for the entire year or individual forms for specific trips, for liability reasons.

2. Prior to leaving the school for an excursion, a notice is posted on the door stating the class's destination so that a child, parent or teacher/supervisor may be quickly located in case of an emergency.

3. Whenever possible, two adults travel in each car: one to drive and one to supervise the children.

4. Prior to leaving the school, drivers ensure that they are familiar with the route to be taken and with the exact destination.

   It is recommended that cars do not travel in convoy,

but do travel the same route, with the teacher/supervisor in the last car so that help will be available in case of emergency.

5. The driver has a list of the children in his/her car.

6. The teacher/supervisor carries with her the school's First Aid Kit and Emergency List.

SEE ALSO page 18.

7. When the nature of an excursion is such that the children are unable to move about freely at the site, a relaxed play/snack time is planned before the return trip whenever possible.

RATIONALE: Such opportunitites reduce tension and contribute to safer travel.

9. During excursions on foot, children become familiar with the basic safety rules which are important to them as pedestrians.

10. Some schools require that all children have name tags on their clothes stating their name, the school name and phone number, and home address and phone number, in case a child becomes separated from the group.

- Car Pools

Transportation to and from school is the responsibility of the parents, not the preschool.

However, in addition to the above traveling standards, schools may wish to offer the following guidelines to parents:

1. Children should be transported directly to/from home/school without errand stops.

2. Babies and toddlers accompanying drivers should be settled and securely fastened-in prior to departure.

3. Parents whose children are being transported should have them ready on time for pick-up and escort them to the car.

4. At the time of return, awaiting parents should escort their children from the car to home

5. Children should not be dropped off at school until it has been ascertained that the teacher/supervisor, substitute or a parent assistant is present.

6. Children should not be dropped off at home until it has been ascertained that a responsible adult (parent, guardian, parent substitute) is present.

- Parking Lot: Picking Up/Dropping Off

1. When someone other than the parent or guardian will be picking up a child at school, parents are encouraged to so inform the teacher/supervisor.

2. Parents exercise extreme caution on all roadways adjacent to the school when picking up and dropping off children.

3. Children are picked up and dropped off from the curb side of the car.

4. Cars are parked well away from the school entrance/exit, leaving a clear open space in which children can easily be seen as they move in and out.

5. Parents are encouraged to enter and exit WITH their children -- rather than having children run ahead -- and if parents are involved in a discussion in the parking lot, to see that children are seated safely in the car with the doors closed.

SEE ALSO: Transporting Children, Car Pools, page 17

- Accidents, General

1. First Aid Kit: A basically equipped, transportable First Aid Kit is kept in an appropriate place within the classroom, where it is easily accessible, but out-of-reach of children.

   The First Aid Kit is carried by the teacher/supervisor on all field trips where it may be needed.

   It is checked regularly to ensure that all supplies are adequately stocked, up-to-date and in sterile condition. (SEE APPENDIX A)

2. First Aid Knowledge: Teacher/supervisors and their substitutes are expected to know basic First Aid procedures and when possible, they enroll in First Aid classes in their community to acquire or renew

First Aid certificates. In some areas such certificates are mandatory.

3. Emergency Records: Using the information obtained on enrollment forms, teachers/supervisors make up a special book or card file in which is kept the following data with regard to each child:

   - Name and birthdate
   - Any allergies to medications, foods or materials, if known
   - Parents/Guardians' names, addresses, phone numbers, both at home and at work
   - Hospital preference, if any
   - Name, address and phone number of alternate emergency contact(s)
   - Name and phone number of family doctor

   In addition, the phone numbers for emergencies are kept in the book:

   - Police
   - Medical and ambulance aid in the school's area
   - Fire department

   This book or card file is kept beside the school phone at all times and a duplicate list is kept in the First Aid Kit so that it is available if needed on field trips.

   RATIONALE: As the school and the teacher/supervisor are responsible for the welfare of the children while involved in school programs, it is essential that every reasonable effort be made to establish procedures which can be carried out quickly and thoroughly, and in the best interests of the child concerned as well as his/her parents, in the event of an accident.

   A readily-accessible card file or emergency book will ensure that the teacher/supervisor will have at her fingertips at all times -- both at school and when on excursions into the community -- all the information necessary to provide the fastest possible medical aid and parental support in the event of an emergency.

This simple precaution is a worthwhile protective measure for child, parent, teacher/supervisor and school.

- Accidents, Procedures

In the event of minor injuries, the teacher/supervisor follows appropriate First Aid procedures and notifies the parent at pick-up time of what has occurred.

In the event of a serious injury or other medical emergency, the teacher/supervisor obtains professional help and notifies the child's parents immediately. If parents cannot be reached, contact is then made with the person whose name appears as the alternate on the enrollment form.

As soon as possible after the emergency, the teacher/supervisor completes an Accident Report and forwards it to the appropriate licensing and/or preschool authority in accordance with local regulations.

Fire

- Precautions

1. In accordance with local and/or provincial/state regulations, all requirements and recommendations of the fire authorities are followed, both prior to licensing and during all later inspections.

2. Care is taken to ensure that no combustible materials are allowed to accumulate within or without preschool classrooms.

3. Appropriate doors are equipped with lighted and prominent exit signs (in accordance with national building codes and fire regulations), and teachers/supervisors, parents and substitutes are familiar with the opening mechanisms of all classroom doors and windows.

4. Classrooms are arranged in such a way that traffic may flow easily in and out of all areas.

5. Doorways are kept free of equipment and/or any objects which may interfere with easy exit.

6. Teachers/supervisors and parent assistants are familiar with the location and operation of fire extinguishers.

7. Member groups have fire extinguishers checked annually by the nearest Fire Department to ensure that they are in good working order, maintaining maximum pressure.

8. No smoking is allowed in cooperative preschool classrooms when children are present. Following school events (such as meetings) at which parents have been smoking, special care is taken to ensure that ashtrays are not emptied into garbage cans containing waste paper or other materials which are easily combustible.

9. Matches, if kept in a classroom, are stored in a metal container which is inaccessible to children.

10. Teachers/supervisors plan fire exit procedures cognizant of the building in which the school is housed, and in accordance with the local fire regulations. They conduct periodic fire drills in a manner appropriate to the level of understanding of preschool children.

11. Parent assistants and all substitutes are thoroughly familiar with the fire exit procedures for their particular school, and with their responsibilities as regards checking bathrooms and all classroom areas prior to exiting.

12. As an extra safety precaution, teachers/supervisors check their class register early in the session when it appears that all children who will be attending that day have arrived so that they will be aware -- at least in numbers -- of who is present. Duplicate class lists are kept either adjacent to exit doors, or in a neighbouring home or business so that all children may be accounted for even when the class register may be destroyed by fire.

13. Driveways are kept clear of tricycles and other obstructions to permit easy access of emergency vehicles.

14. Children are acquainted with good fire safety habits through stories, discussions, visits to the fire station and other program activities planned by the teacher/supervisor.

- Procedures

In the event of fire, the teacher/supervisor and parent assistants IMMEDIATELY MOVE ALL THE CHILDREN OUT OF THE BUILDING THROUGH THE NEAREST EXIT, closing doors behind them as they go.

The teacher/supervisor is responsible for the roll call and remains with the children while the parent assistants:

1. Ring the nearest fire alarm to alert other people who may be in the building;

2. Check washrooms and other areas apart from the classroom to ensure that no children have been left behind;

3. Use the fire extinguisher and close doors and windows, to contain the blaze, if possible;

4. Call the Fire Department.

Depending upon the circumstances and the number of parent assistants on duty, some of these steps may be taken simultaneously and thus as rapidly as possible, keeping in mind that the FIRST AND MAIN CONCERN AT ALL TIMES IS THE SAFETY OF THE CHILDREN.

As soon as feasible, all parents of children in attendance at the school at the time of the fire are notified that their children are safe.

If fire damage to the building necessitates the children being moved to another location, a sign is posted to inform parents of the children's whereabouts.

Civil Defense

In areas subject to hurricanes, tornadoes, earthquakes, etc., schools seek appropriate emergency measures information and procedures from their local authorities.

Parent Education

As part of their orientation, parents are reminded of the value of First Aid skills and encouraged to familiarize themselves with basic emergency procedures.

Information regarding the availability of appropriate classes offered in the community is often published in school or Council newsletters or posted on bulletin boards.

Speakers and films dealing with various aspects of safety for the preschool child may be planned as part of the school's Parent Education program.

A basic First Aid text and other literature regarding safety at home and at school are included in the school's parent library.

APPENDIX A

FIRST AID KIT

SUGGESTED BASIC SUPPLIES FOR THE PRESCHOOL

- Adhesive tape - ½"
- Alcohol - 70%
- Antihistamine
- Baking soda
- Bandage roll - 1"
- Bandaids, assorted
- Cotton swabs
- First Aid book
  Basic, indexed
- Hydrogen Peroxide
- Lubricating jelly
- Mild soap
- Paper cups
- Paper towels
- Sling
- Sterile gauze squares
  2" x 2" and 4" x 4"
- Thermometer
- Tissue wipes
- Tweezers

RECOMMENDED BASIC TEXTS ON FIRST AID

STANDARD FIRST AID TEXT, American Red Cross, revised 1979

A SIGH OF RELIEF, Green, Martin. Bantam Books

FIRST AID IN ILLNESS AND INJURY, Heimlich, Henry J. with Galton, Lawrence. Simon & Schuster 1980.

First Aid equipment list adapted from HEALTH POLICIES AND PROCEDURES, EARLY CHILDHOOD GROUP PROGRAMS, Bureau of Child Health, New York City Department of Health, September 1977, Revision, Appendix A, page 29.

APPENDIX B

Preparation For The Unexpected

ARLENE LANDY FRIEDLAND

Swinging from a six-foot-high climber a child yells, "I'm Spiderman." Suddenly, releasing his grip, Spiderman lands with a crash, face down on the wet ground, mouth filled with grass and blood.

A child brings her head up suddenly under a trike handle and gashes her forehead on a sharp bolt.

"Here I come," calls a child, jumping up into the air as he runs. His leg goes out from under him and a sound is heard like a twig snapping in half; the child is sprawled on the ground.

Her back turned, bent over a book and deep in concentration, a child quietly sucks on a sponge that is filled with tempera paint.

A button collage is the art activity of the day. A child who loves to put things in her mouth pops a button in, then another; she sucks on them while concentrating on her creation. Another child asks her a question and when she turns to answer, she swallows the buttons. She can't seem to speak or breathe; she begins to lose color.

Insect bites, bee stings, allergic reactions, concussions, fractures, epileptic seizures, skinned knees and elbows, breaks, sprains, eye injuries, burns, cuts, poisoning, choking, swallowing foreign objects—all are common childhood emergencies.

Although the more serious ones happen infrequently, there may be occasions when one has to act promptly to save a life or prevent serious injury. Quick decisions may have to be made without expert advice. If a child is crying, do you move him, make him lie flat, place him on his side, elevate him, cover him, apply pressure to bleeding? If the only other adult present has to run to a phone, what should be done with the other children who are hovering over you wide-eyed?

How many of our school personnel, volunteers and parents have sufficient training and knowledge to answer these questions or to provide vital first aid if they are confronted with accidents common to children in any setting? If individuals have had first aid training, how many have taken refresher courses within the last three years? How many schools have current first aid directions that are accessible and easy to understand? I am afraid that the answer to all three questions is, "very few."

Fortunately accidents occur infrequently and children are resilient, but adults supervising them may fall into a false sense of complacency. Day after day they watch children going at break-neck speed on tricycles, heading straight toward an object or another child, managing to stop on a dime just short of the obstacle. Unexpectedly, an accident can occur.

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Situations are as varied as are the children and adults involved. The decisions and reactions may be just as varied. There is not always just one "right" course of action. However, conflict and ignorance can only have harmful effects on the injured party and others involved. Both the injured child and the observing children need to be secure in the knowledge that the adults in charge can help alleviate hurts, fears, anxieties and confusion.

Precautions should be taken to minimize the possibilities of accidents before they happen. Parents, teachers and others assisting with the children in a school need to be cognizant of potential problems individual children might have, such as convulsions, allergies or possible adverse reactions to certain medications. The information is nothing for the parents of the child to be ashamed of and information should be posted so as to be accessible to teachers, parents, aides and substitutes.

Classroom and playground equipment should be carefully placed for safety and should be examined to insure that they are sturdy and don't have sharp edges or bolts. Climbing equipment should be low enough so that adults can easily reach the children. Work benches should have tools in excellent condition that children can handle safely. Work and play areas should be closely supervised. A classroom or playground should not contain blind spots where children cannot be seen. Safety rules for both inside and out-of-doors need to be clearly articulated and understood by adults and children.

The teacher and/or director should be certified on the latest first aid techniques. Parents should file a hospital preference. Although these requests cannot always be honored, they will prove helpful. Finally, schools should have an easy-to-get-at, well-stocked first aid kit that is checked periodically and replenished when needed.

Every school should compile a list of procedures and distribute it so that all responsible adults are aware of steps to be taken in an emergency. Two adults disagreeing in front of the children is unsettling and dangerous for all involved. Therefore, it is essential that the parents and teachers decide in advance who is in charge in case of an emergency. Phone numbers of the local ambulance, police, poison control center, fire department, physician, dentist, parents and neighbors should be posted near the telephone.

If an accident occurs away from the school, it should be determined who will stay with the injured child and who will continue to supervise the rest of the group. This is one reason there should be adequate supervision on field trips and walks.

Current reference first aid books by specialists should be accessible on the school bookshelf. An excellent easy-to-use text, compiled with input from Red Cross as well as others, is **A Sigh of Relief**, by Martin Green (Bantam Books, $8.95). It contains 200 pages of clear, concise, up-to-date instructions and illustrations, stressing proper action and calmness. The index is cleverly tabulated so that information can be found quickly. Also, organizations such as the Epilepsy Foundation and Red Cross will gladly send information on request.

A first aid course taken in the past is not a guarantee of expertise. Methodology changes and what was true one year may be superseded the next by a better or safer procedure. I had originally intended to give examples of first aid procedures, but after reading several professional texts containing first aid instruction and speaking with members of the Epileptic Foundation and Red Cross, I found that there is disagreement on several emergency procedures.

I decided not to attempt to resolve the disputes but rather try to alert and motivate individuals who work with young children. My immediate concern is that adults in charge have the confidence and training to make split second decisions that are correct. I hope this article will stimulate a desire to develop a sense of responsibility and to update your knowledge to become better equipped to handle emergency situations.

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